

**PUBLIC WATER SYSTEM REPORT FORM**

Shipping No. \_\_\_\_\_

Date Rep. \_\_\_\_\_

**INDIANA STATE DEPARTMENT OF HEALTH**  
**Environmental Laboratory Division**  
**1330 West Michigan Street**  
**P.O. Box 1964**  
**Indianapolis, Indiana 46206-1964**

Sample Number \_\_\_\_\_

Date Received \_\_\_\_\_

**SAMPLES SUBMITTED WITHOUT COMPLETED  
FORM WILL NOT BE ANALYZED. USE BLACK INK.**  
**Indiana State Department of Health is to mail report to**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City or Town)

IN

\_\_\_\_\_  
(Zip)

**TO BE COMPLETED BY PUBLIC WATER SYSTEM**

PWS ID

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CERTIFIED LAB ID NUMBER

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Organization Phone \_\_\_\_\_

County \_\_\_\_\_

Location Code

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Date

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Time

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Sampling Address \_\_\_\_\_

Chlorine Residual at Sampling Address \_\_\_\_\_ mg/l

Sample Collected By \_\_\_\_\_

**SAMPLE TYPE (check appropriate square)**

D--Distribution

C--Repeat

O--Other

Date Original sample  
Collected

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REMARKS: \_\_\_\_\_

**ANALYSIS DATA - TO BE COMPLETED BY LAB**

TEST: TOTAL COLIFORM

METHOD: \*

MF

MTF

LST P/A

MMO-MUG P/A

RESULT:

PRESENT

ABSENT

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ANALYST: \_\_\_\_\_

TEST: FECAL COLIFORM

E. COLI

METHOD: \*

MF

MTF

EC P/A

MMO-MUG P/A

RESULT:

PRESENT

ABSENT

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ANALYST: \_\_\_\_\_

HETEROTROPHIC PLATE COUNT \_\_\_\_\_/1.0 ML \_\_\_\_\_/0.1 ML

**REPORT OF SAMPLES**

SUBMIT REPEAT SAMPLES as required under  
327 IAC 8-2-8.1

PLEASE SUBMIT ANOTHER SAMPLE. TEST  
NOT VALID BECAUSE:

Too long in transit (more than 48 hours)

No collection date and/or time.  
Sample leaked or broken in shipment,  
insufficient vol.

Residual chlorine present.

High background count.

Other \_\_\_\_\_

## DIRECTIONS FOR FILLING OUT PUBLIC WATER SYSTEM REPORT STATE FORM 39231R

- A. Print clearly, filling in ALL information in the left hand column of the bacteriological report form.
- B. Return the completed form with your sample to the laboratory within 30 hours of collection. Samples over 48 hours old will not be analyzed.
- C. Fill in the following information:
- ADDRESSES to which examination results should be sent.
  - PWS ID--This is a unique number assigned your water supply for identification purposes. It is required for analysis to be performed.
  - Phone of the Public Water System.
  - SAMPLING ADDRESS AND LOCATION CODE -- A system representing the sampling location is required under 327 IAC 8-2-8(a). Each sampling location can be assigned a unique 4-digit number (location code) by the water operator.  
  
e.g.                      Sampling address                      JOHN DOE RESIDENCE                      Location Code  
                                 Which tap                                      LAUNDRY ROOM SINK

0	0	0	1
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John Doe's residence will have the identifying number 0001.
  - DATE OF SAMPLE--Use month, day and year sample was taken.
  - TIME OF SAMPLE--Indicate the time of day that the sample was taken using the 2400 hour terminology.
  - CHLORINE RESIDUAL--Indicate chlorine residual.
  - TYPE OF SAMPLE--Check appropriate square to indicate type of sample.
  - REMARKS--Indicate type of sample, i.e., raw water, new main, etc.
  - ALL SAMPLES MUST BE RECEIVED IN THE LABORATORY BY 3:00 PM.
  - USE THE ENCLOSED BOTTLE. SAMPLES SUBMITTED IN OTHER CONTAINERS WILL NOT BE ANALYZED. THIS BOTTLE CONTAINS SODIUM THIOSULFATE WHICH MAY APPEAR AS DROPLETS OF A WHITE POWDER. DO NOT RINSE THIS OUT. FILL EXACTLY TO THE 100 ML LINE.

### EXPLANATION OF SAMPLE STATUS

ANOTHER SAMPLE MUST BE SUBMITTED IF ANY OF THE FOLLOWING ARE INDICATED ON THE REVERSE:

- TOO LONG IN TRANSIT: Sample received more than 48 hours after collection; NOTE: RESULTS OF SAMPLES RECEIVED MORE THAN 30 HOURS AFTER COLLECTION MAY BE INVALID.
- INVALID OR NO COLLECTION DATE AND/OR TIME: Samples will not be ran without a date or time, samples received in lab with data of collection later than time received has an invalid date.
- SAMPLE LEAKED OR BROKEN IN SHIPMENT, INSUFFICIENT VOLUME: Sample container was damaged or leaked in transit resulting in insufficient sample volume, test procedure requires 100 ml.
- RESIDUAL CHLORINE: The presence of chlorine in the sample interferes with testing, invalidating the sample.
- HIGH BACKGROUND COUNT: Sample contained a large number of bacteria which inhibits an accurate determination of coliform bacteria.